B1 (Official Form 1) (4/10)

B1 (Official Form 1) (4/10)								
United States Bankruptcy Court NORTHERN DISTRICT OF NEW YORK				Voluntary Petition				
Name of Debtor (if individual, enter Last, First, Middle): Sabater, Yvonne			Name of Joint Debtor (Spouse) (Last, First, Middle): Sosa, Steve					
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):					
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-6008 Last four digits of Soc. Sec. or Individual- (if more than one, state all): xxx-xx-6040				or Individual-Ta	xpayer I.D. (ITI	N)/Complete EIN		
Street Address of Debtor (No. and Street, City, and St 210 Snowdale Drive	ate):		Street Addre			or (No. and Stree	et, City, and Sta	te):
Syracuse, New York			Syracus		-			
	ZIP CODE 13209							IP CODE13209
County of Residence or of the Principal Place of Busin Onondaga	ness:		County of R Onondag		or of th	e Principal Place	e of Business:	
Mailing Address of Debtor (if different from street address	dress):				oint De	btor (if different	from street add	ress):
	ZIP CODE	ן ר					Z	IP CODE
Location of Principal Assets of Business Debtor (if di	ferent from street address abo	ove):	L					
Type of Debtor	Nature of B	usines	is s	1	C	napter of Bankr		IP CODE Ider Which
(Form of Organization) (Check one box.)	(Check one box.)						Filed (Check o	
 ✓ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. ✓ Corporation (includes LLC and LLP) Partnership ✓ Other (If debtor is not one of the above entities, check this box and state type of entity below.) 	☐ Health Care Busine ☐ Single Asset Real I ☐ 11 U.S.C. § 101(5) ☐ Railroad ☐ Stockbroker ☐ Commodity Broket ☐ Clearing Bank	Estate IB)	as defined in		Chapt Chapt Chapt Chapt Chapt	er 9 er 11 er 12 🔲	Chapter 15 I Recognition Main Procee Chapter 15 I Recognition Nonmain Pro	of a Foreign ding Petition for of a Foreign
check this box and state type of entity below.)	Other			Nature of Debts				
	Tax-Exempt	t Entit	ty	İ .			eck one box.)	
	(Check box, if a	pplica	ble.)			e primarily consi efined in 11 U.S.		bts are primarily siness debts.
	Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).			i i	§ 101(8) ndividu	as "incurred by al primarily for a , family, or hous	an 1	
Filing Fee (Check one b	ox.)		Check one l	•	•	Chapter 11 D	ebtors	
Full Filing Fee attached.			☐ Debto	r is a sma		ess debtor as del usiness debtor as		C. § 101(51D). J.S.C. § 101(51D).
Filing Fee to be paid in installments (applicable signed application for the court's consideration unable to pay fee except in installments. Rule 1	certifying that the debtor is	ŀ						cluding debts owed to
Filing Fee waiver requested (applicable to chapt			insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter).					
attach signed application for the court's conside	ation. See Official Form 3B.		Check all a ☐ A plar	pplicable is being	e boxes ; filed w	ith this petition.		n one or more classes
Statistical/Administrative Information			of cred	litors, in	accorda	nce with 11 U.S	.C. § 1126(b).	THIS SPACE IS FOR
					COURT USE ONLY			
Estimated Number of Creditors	1,000- 5,001- 5,000 10,000		,001-	□ 25,001- 50,000		50,001- 100,000	Over 100,000	
Estimated Assets S0 to \$50,001 to \$100,001 to \$500,001 to \$1 million	\$1,000,001 \$10,000,001 to \$10 to \$50 million	to	\$0,000,001 \$100	□ \$100,000 to \$500 million	0,001	\$500,000,001 to \$1 billion	More than \$1 billion	
Estimated Liabilities So to \$50,001 to \$100,001 to \$500,001 \$50,000 \$100,000 \$500,000 to \$1 \$100,000 \$500,0000	\$1,000,001 \$10,000,001 to \$10 to \$50 million million	to	\$0,000,001 \$100	\$100,000 to \$500 million	0,001	\$500,000,001 to \$1 billion	More than \$1 billion	

Location Where Filed:	Case Number:	Date Filed:			
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affi	liate of this Debtor (If more than one, attach add	ditional sheet.)			
Name of Debtor:	Case Number:	Date Filed:			
District: Northern District of New York	Relationship:	Judge:			
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)	Exhibit B (To be completed if debtor whose debts are primarily completed. I, the attorney for the petitioner named in the have informed the petitioner that [he or she] 12, or 13 of title 11.—United States Code available under each such chapter. I further codebtor the stotice required by 11 U.S.C. § 342.	foregoing petition, declare that I may proceed under chapter 7, 11, and have explained the relief tertify that I have delivered to the			
Exhibit A is attached and made a part of this petition. Exhibit A is attached and made a part of this petition. X					
Exhibit	c				
Does the debtor own or have possession of any property that poses or is alleged to pose	a threat of imminent and identifiable harm to pu	blic health or safety?			
Yes, and Exhibit C is attached and made a part of this petition.					
₩ No.					
Exhibi	t D				
(To be completed by every individual debtor. If a joint petition is file	d each snouse must complete and attac	h a senarate Evhibit D)			
		ii a soparate Exmon B.)			
Exhibit D completed and signed by the debtor is attached and	made a part of this petition.				
If this is a joint petition:					
Exhibit D also completed and signed by the joint debtor is atta	ched and made a part of this petition.				
Information Regarding (Check any appli ☐ Debtor has been domiciled or has had a residence, principal place o preceding the date of this petition or for a longer part of such 180 da	cable box.) f business, or principal assets in this District for	180 days immediately			
There is a bankruptcy case concerning debtor's affiliate, general par	•				
Debtor is a debtor in a foreign proceeding and has its principal place has no principal place of business or assets in the United States but this District, or the interests of the parties will be served in regard to	is a defendant in an action or proceeding [in a fe				
Certification by a Debtor Who Resides a (Check all applic					
Landlord has a judgment against the debtor for possession of deb	tor's residence. (If box checked, complete the fo	llowing.)			
(Name of landlord that obtained judgment)					
	(Address of landlord)				
Debtor claims that under applicable nonbankruptcy law, there are entire monetary default that gave rise to the judgment for possess	circumstances under which the debtor would be				
Debtor has included with this petition the deposit with the court of filing of the petition.	of any rent that would become due during the 30-	day period after the			
Debtor certifies that he/she has served the Landlord with this cert	ification. (11 U.S.C. § 362(1)).				

B 1 (Official Form) 1 (1/08)	Page 3				
Voluntary Petition	Name of Debtor(s):				
(This page must be completed and filed in every case.)	Sabater, Yvonne and Sosa, Steve				
Sign;	atures				
Signature(s) of Debtor(s) (Individual/Joint)	Signature of a Foreign Representative				
I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X Signature of Debtor Telephone Number (if not represented by attorney) Date	I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached. Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X (Signature of Foreign Representative) Date				
Signature of Attorney*	Signature of Non-Attorney Bankruptcy Petition Preparer				
X Signature of Attorney for Debtor(s) Kevin D. Burgess (505968) Printed Name of Attorney for Debtor(s) Firm Name 1002 E Division St #5 Address Syracuse, NY 13208-2939	I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.				
(315) 254-2470 Telephone Number	Printed Name and title, if any, of Bankruptcy Petition Preparer				
*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect. Signature of Debtor (Corporation/Partnership)	Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) Address				
I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.	Date Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.				
X	parallel stresse obeian occurry number is provided above.				
Signature of Authorized Individual Printed Name of Authorized Individual	Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.				
Title of Authorized Individual	If more than one person prepared this document, attach additional sheets conforming				
Date	to the appropriate official form for each person.				
	A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.				

UNITED STATES BANKRUPTCY COURT

Northern District of New	w York
In re Sabater, Yvonne and Sosa, Steve	Case No.
Debtor	(if known)

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
- ☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.

was unable to obtain the set following exigent circumsta	requested credit counseling services from an approved agency but rvices during the seven days from the time I made my request, and the ances merit a temporary waiver of the credit counseling requirement case now. [Summarize exigent circumstances here.]
counseling briefing within promptly file a certificate copy of any debt manager requirements may result i can be granted only for ca	n is satisfactory to the court, you must still obtain the credit the first 30 days after you file your bankruptcy petition and from the agency that provided the counseling, together with a nent plan developed through the agency. Failure to fulfill these in dismissal of your case. Any extension of the 30-day deadline has and is limited to a maximum of 15 days. Your case may also s not satisfied with your reasons for filing your bankruptcy case redit counseling briefing.
-	ed to receive a credit counseling briefing because of: [Check the ust be accompanied by a motion for determination by the court.]
illness or mental deductions with respect Disability extent of being unabbriefing in person, b	v. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental ficiency so as to be incapable of realizing and making rational set to financial responsibilities.); . (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the ole, after reasonable effort, to participate in a credit counseling by telephone, or through the Internet.); litary duty in a military combat zone.
	ites trustee or bankruptcy administrator has determined that the credit 11 U.S.C. § 109(h) does not apply in this district.
I certify under pen correct.	alty of perjury that the information provided above is true and
	Signature of Debtor: [] White Killing k
	Signature of Debtor: Left White Kellen k

Debtor

UNITED STATES BANKRUPTCY COURT

Northern District of New York

In re Sabater, Yvonne and Sosa, Steve	Case No

(if known)

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
- \$\square\$ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.

was unat following	I 3. I certify that I requested credit counseling services from an approved agency but ble to obtain the services during the seven days from the time I made my request, and the g exigent circumstances merit a temporary waiver of the credit counseling requirement file my bankruptcy case now. [Summarize exigent circumstances here.]
counseli promptl copy of a requirer can be g be dismi	f your certification is satisfactory to the court, you must still obtain the credit ng briefing within the first 30 days after you file your bankruptcy petition and y file a certificate from the agency that provided the counseling, together with a any debt management plan developed through the agency. Failure to fulfill these ments may result in dismissal of your case. Any extension of the 30-day deadline ranted only for cause and is limited to a maximum of 15 days. Your case may also issed if the court is not satisfied with your reasons for filing your bankruptcy case first receiving a credit counseling briefing.
	14. I am not required to receive a credit counseling briefing because of: [Check the le statement.] [Must be accompanied by a motion for determination by the court.]
d e	☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental liness or mental deficiency so as to be incapable of realizing and making rational ecisions with respect to financial responsibilities.); ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the xtent of being unable, after reasonable effort, to participate in a credit counseling triefing in person, by telephone, or through the Internet.); ☐ Active military duty in a military combat zone.
	5. The United States trustee or bankruptcy administrator has determined that the credit ng requirement of 11 U.S.C. § 109(h) does not apply in this district.
I	certify under penalty of perjury that the information provided above is true and
correct.	
	Signature of Debtor:
	Date:

United States Bankruptcy Court

	Northern	District Of _	New York	-
In re Sabater, Yvonne and Sosa, Steve	,		Case No.	
Debtor			Chapter 7	

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I. and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Y	1	\$ 70,300		
B - Personal Property	Y	3	\$ 18,805		
C - Property Claimed as Exempt	Y	1			
D - Creditors Holding Secured Claims	Y	2		\$ 94,110	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Y	2		\$ 0	
F - Creditors Holding Unsecured Nonpriority Claims	Y	13		\$ 89,804	
G - Executory Contracts and Unexpired Leases	Y	1			
H - Codebtors	Y	1			
I - Current Income of Individual Debtor(s)	Y	1			\$ 3,640
J - Current Expenditures of Individual Debtors(s)	Y	1			\$ 3,610
TO	OTAL	26	\$ 88,385	\$ 183,914	

United States Bankruptcy Court Northern District Of New York

In re Sabater, Yvonne and Sosa, Steve,	Case No.
Debtor	
	Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount	:
Domestic Support Obligations (from Schedule E)	\$	0
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$	0
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$	0
Student Loan Obligations (from Schedule F)	\$	0
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$	0
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$	0
TOTAL	\$	0

State the following:

Average Income (from Schedule I, Line 16)	\$ 3,640
Average Expenses (from Schedule J, Line 18)	\$ 3,610
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 5,015

State the following:

tate the rolls, ring.	
Total from Schedule D, "UNSECURED PORTION, IF ANY" column	\$
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	·\$ 0
4. Total from Schedule F	\$ 89,804
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	\$ 101,140

R6A	(Official	Form	6A)	(12/07)

n re	Sabater, Yvonne and Sosa, Steve	_,	Case No.
	Debtor		(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
210 Snowdale Drive sole residence of debtors	fee simple	W	70,300	69,400
		į		
			,	
		otal ≻	70,300	

(Report also on Summary of Schedules.)

R6R	(Official	Form	6B)	(12/07)

In re Sabater, Yvonne and Sosa, Steve	Case No.
Debtor	(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		checking acct - Syracuse FCU (\$25.00) savings account - Syracuse FCU (\$35.00)	W	60
Security deposits with public utilities, telephone companies, landlords, and others.	×			
4. Household goods and furnishings, including audio, video, and computer equipment.		basic household chattels, nothing of significant monetary value		1,500
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	×		:	
6. Wearing apparel.		basic clothing, nothing of significant monetary value		1,000
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	×			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	×			
10. Annuities. Itemize and name each issuer.	\times			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	×			

In re	Sabater, Yvonne and Sosa, Steve	, Case No.	
	Debtor		(If known)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	į	NYS Pension (loans against, value less than \$50K	W	unknown
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	\times			

In re	Sabater, Yvonne and Sosa, Steve	,	Case No	
_	Debtor		(If known)	

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	×			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		03GrandCherokee(7085); 03 Trailblazer(7900)		14,985
26. Boats, motors, and accessories.				
27. Aircraft and accessories.				
28. Office equipment, furnishings, and supplies.				
29. Machinery, fixtures, equipment, and supplies used in business.				
30. Inventory.				
31. Animals.			,	
32. Crops - growing or harvested. Give particulars.			:	
33. Farming equipment and implements.				
34. Farm supplies, chemicals, and feed.				
35. Other personal property of any kind not already listed. Itemize.				
		0 continuation shoots attached. Total		© 18,085 + pension

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

B6C (Official Form 6C) (04/10	R6C	(Official	Form	6C)	(04/10
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ln ro	Sabater, Yvonne and Sosa, Steve,	Case No.
III 1 C _	Debtor	(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under: (Check one box)

☐ 11 U.S.C. § 522(b)(2)
☑ 11 U.S.C. § 522(b)(3)

 $\hfill\Box$ Check if debtor claims a homestead exemption that exceeds \$146,450.*

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
bank accounts	Debtor&Creditor Law 283	60	60
household items	CPLR 5205	1500	1500
clothing	CPLR 5205	1000	1000
2003 Jeep Grand Cherokee	Debtor&Creditor Law 282	541	7,085
2004 Chevrolet Trail Blazer	Debtor&Creditor Law 282	1960	7,900
residence of debtors	CPLR 6206	900	70,300

^{*} Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Sabater, Yvonne and Sosa, Steve	Case No.
Debtor	(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See. 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, loint or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

L	J	Check this box if debtor has no creditors holding secured claims to report on this Schedule D.
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CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.			purchase money loan					
Wells Fargo Home Mortgage PO Box 10335 Des Moines, IA 50306			mortgage				69,400	
			VALUE \$ 70,300					
ACCOUNT NO.			purchase money loan					
Syracuse FCU PO Box 6209 Syracuse, NY 13217-6209			lien on title				6,534	
			VALUE \$ 7,085	1				
ACCOUNT NO.			purchase money loan					
Syracuse FCU PO Box 6209 Syracuse, NY 13217-6209			lien on title				5,940	
			VALUE \$ 7,900	1				
continuation sheets attached			Subtotal ► (Total of this page)				\$ 81,874	\$
			Total ►				\$	\$
			(Use only on last page)				(Report also on Summary of Schedules.)	(If applicable, report also on Statistical Summary of Certain Liabilities and Relate

Data.)

In re	Sabater, Yvonne and Sosa, Steve	 Case No.	
	Debtor	 2 430 1100 _	(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. Citifinancial Services, Inc 605 Munn Road Fort Mill, SC 29715			02/27/08 judgment, filed Onondaga County Clerk lien on residence of debtors				11,070	11,070
Onondaga County DSS 421 Montgomery Street Syracuse, NY 13202			02/27/08 judgment, filed Onondaga County Clerk lien on residence of debtors				1.166	266
ACCOUNT NO.			VALUE \$					
ACCOUNT NO.			VALUE\$					
ACCOUNT NO.			VALUE \$					
Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors Holding Secured			VALUE \$ Subtotal (s)► (Total(s) of this page)				\$ 12,236	\$ 11,336
Claims			Total(s) ► (Use only on last page)				\$ 94,110 (Report also on	\$ 11,336 (If applicable,

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

In re Sabater, Yvonne and Sosa, Steve	Case No
Debtor	(if known)

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in Joint, or Community." the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule

E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.
Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.
Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtor with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.
Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)
Domestic Support Obligations
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
Wages, salaries, and commissions
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). Contributions to employee benefit plans
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the

cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

B6E (Official Form 6E) (12/07) – Cont.	
In re Sabater, Yvonne and Sosa, Steve , Debtor	Case No (if known)
Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,400* per farme	er or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
Deposits by individuals	
Claims of individuals up to \$2,425* for deposits for the purchase that were not delivered or provided. 11 U.S.C. § 507(a)(7).	, lease, or rental of property or services for personal, family, or household use,
☐ Taxes and Certain Other Debts Owed to Governmental Un	its
Taxes, customs duties, and penalties owing to federal, state, and	local governmental units as set forth in 11 U.S.C. § 507(a)(8).
Commitments to Maintain the Capital of an Insured Depos	itory Institution
	e Office of Thrift Supervision, Comptroller of the Currency, or Board of successors, to maintain the capital of an insured depository institution. 11 U.S.C.
Claims for Death or Personal Injury While Debtor Was Int	toxicated
Claims for death or personal injury resulting from the operation of drug, or another substance. 11 U.S.C. § 507(a)(10).	of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a
* Amounts are subject to adjustment on April 1, 2010, and every tradjustment.	nree years thereafter with respect to cases commenced on or after the date of
_() cor	ntinuation sheets attached

R6F	(Official	Form	6F)	(12/07)
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In re	Sabater, Yvonne and Sosa, Steve	 Case No.	
_	Debtor	(if known)	

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data..

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F. HUSBAND, WIFE, JOINT, OR COMMUNITY AMOUNT OF CREDITOR'S NAME, DATE CLAIM WAS JNLIQUIDATED CONTINGENT CODEBTOR MAILING ADDRESS **INCURRED AND CLAIM** DISPUTED INCLUDING ZIP CODE, CONSIDERATION FOR AND ACCOUNT NUMBER CLAIM. (See instructions above.) IF CLAIM IS SUBJECT TO SETOFF, SO STATE. ACCOUNT NO. notice only AFNI, Inc 404 Brock Drive Bloomington, IL 61702-3427 ACCOUNT NO. cell phone service AT&T Wireless Services, Inc 175.39 Bankruptcy Department PO Box 309 Portland, OR 97207-0309 ACCOUNT NO. notice only Accelerated Financial PO Box 5128 Portsmouth, VA 23703 ACCOUNT NO. credit card charges and/or advances Bank of America Corp Ctr 797.17 100 North Tryon Street Charlotte, NC 28255 \$ 972.56 Subtotal➤ Total▶ continuation sheets attached (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

In re	Sabater, Yvonne and Sosa, Steve	,	Case No.	
	Debtor		(if known)	~

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Bank of America-Pennerb PO Box 538 Oaks, PA 19456			notice only				
ACCOUNT NO. Barclay's Bank of Delaware 125 S West St Wilmington, DE 19801			credit card charges and/or advances				1,245.00
ACCOUNT NO. CBCS PO Box 1810 Columbus, OH 43216			health care				102.48
ACCOUNT NO. CCB Credit Sves Inc PO Box 272 Springfield, IL 62705-0272			notice only				
ACCOUNT NO. CMI Credit Mediators, Inc 4200 International Parkway Carrollton, TX 75007-1906			notice only				
Sheet no. 1 of 17 continuation sheets att to Schedule of Creditors Holding Unsecur Nonpriority Claims	ached ed				Sub	ototal➤	\$ 1,347.78
Total (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)						\$	

In re	Sabater, Yvonne and Sosa, Steve	,	Case No.	
-	Debtor		(if known)	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			notice only				
Calvary Portfolio PO Box 27288 Tempe, AZ 85285-7288							
ACCOUNT NO.			merchandise				
Citibank Dell Commercial Credit PO Box 689020							2,827.00
ACCOUNT NO.			notice only				
Credit One Bank PO Box 98873 Las Vegas, NV 89193-8873							
ACCOUNT NO.		······	health care				
Crouse Health 736 Irving Avenue Syracuse, NY 13210							50.00
ACCOUNT NO.							
N/A						i	
Sheet no. 2 of Continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					\$ 2877		
Total (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)					\$		

In re	Sabater, Yvonne and Sosa, Steve	 ,	Case No.
_	Debtor	·	(if known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			notice only				
Dell Financial Services PO Box 81577 Austin, TX 78708-1577					:		
ACCOUNT NO.							
DirecTV Group, Inc 2230 E Imperial Hwy El Segundo, CA 90245							853.45
ACCOUNT NO.			notice only				
Diversified Consultants, Inc 10550 Deerwood Pk Blvd Ste 309 Jacksonville, FL 32256							
ACCOUNT NO.							
Emergency Care Services of NY c/o Healthcare Rev Rec Group LLC PO Box 189053 Plantation, FL 33318-9053							687.00
ACCOUNT NO.				i			
EOMC Lockbox #7523 PO Box 75848 St Paul, MN 55175-0848					:		7,067.02
Sheet no 2 of Continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						ototal➤	\$ 13,947.46 —
Total> (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)						s	

In re	Sabater, Yvonne and Sosa, Steve	,	Case No.		
_	Debtor		-	(if known)	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Eastern Vent Med Group 1980 Sequoia Avenue Simi Valley, CA 93063			health care				235.00
ACCOUNT NO. T. Fallon, DDS North Medical Center 5100 W Taft Rd Ste 3M Liverpool, NY 13088			health care				331.00
ACCOUNT NO. GE Money Bank Customer Service PO Box 981064 El Paso, TX 79998-1064			JC Penny account				526.40
ACCOUNT NO. xxxx-xxxx-6551 HSBC Card Services PO Box 17051 Baltimore, MD 21297-1051			credit card charges and/or advances				854.05
ACCOUNT NO. xxxx-xxxx-1925 HSBC Card Services PO Box 17051 Baltimore, MD 21297-1051			credit card charges and/or advances				592.15
Sheet no. 4 of Continuation sheets atta to Schedule of Creditors Holding Unsecure Nonpriority Claims	L iched ed		1	1	Sub	ototal➤	\$ 2,538.60
Total ➤ (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)						s	

In re	Sabater, Yvonne and Sosa, Steve	Case No.	
_	Debtor		(if known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			notice only				
Harris & Harris, Ltd 222 Merchandise Mart Plaza Ste 1900 Chicago, IL 60654							
ACCOUNT NO.			health care				,
Holdings, LLC 550 Harrison St Ste 230 Syracuse, NY 13202							30.00
ACCOUNT NO.			health care				
Immediate Medical Care 5700 W Genesee St Camillus, NY 13031						- - - -	103.00
ACCOUNT NO. xxxx-xxxx-xxxx-6551			notice only				, , , , , , , , , , , , , , , , , , , ,
JC Penney PO Box 45270 Salt Lake City, UT 84145-0270						:	
ACCOUNT NO. xxxx-xxxx-xxxx-1925			credit card charges and/or advances	<u> </u>			
Juniper Card Sves PO Box 13337 Philadelphia, PA 19101-3337							911.60
Sheet no. 5 of 1 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						ototal➤	\$ 1,044.60
Total \$\ \ \ (Use only on last page of the completed Schedule F.) \ (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)						s	

In re	Sabater, Yvonne and Sosa, Steve	_,	Case No.
	Debtor		(if known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			notice only				
Kopp Collection 513 West Fayette St Syracuse, NY 13220							
ACCOUNT NO.			notice only				
LCA Collections PO Box 2240 Burlington, NC 27216-2240							
ACCOUNT NO.			assigned from Credit One Bank				
LVNV Funding, LLC 15 S Main St Stc 600 Greenville, SC 29601							989.32
ACCOUNT NO. xxxx-xxxx-xxxx-6551			notice only				
Medbest Medical Management 251 Salina Meadows Pkwy North Syracuse, NY 13212				:			
ACCOUNT NO. xxxx-xxxx-1925			notice only				
Med Rev Recovery PO Box 4712 Syracuse, NY 13221							
Sheet no. of Continuation sheets atta to Schedule of Creditors Holding Unsecure Nonpriority Claims	ched ed		·		Sub	ototal➤	\$ 989.31
Total (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							\$

In re	Sabater, Yvonne and Sosa, Steve	 Case No.		
_	Debtor		(if known)	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Arthur P. McCann DDS 4881 West Taft Road Liverpool, NY 13088			health care				132.00
ACCOUNT NO. Mystery Guild Book Club PO Box 916400 Rantoul, IL 61866-6400			notice only				
ACCOUNT NO. NCO Financial Systems, Inc 507 Prudential Road Horsham, PA 19044			notice only				
ACCOUNT NO. National Grid 300 Eric Blvd West Syracuse, NY 13252			utility service				832.91
ACCOUNT NO. Nationwide Credit 4700 Vestal Pkwy East Vestal, NY 13850-3370			notice only				
Sheet noofcontinuation sheets att to Schedule of Creditors Holding Unsecur Nonpriority Claims	ached red		<u> </u>	1	Sul	 ototal≯	\$ 964.91
Total> (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)						s	

In re	Sabater, Yvonne and Sosa, Steve	,	Case No.	
•	Debtor		(if known)	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
New Financial Services, Inc. c/o Pressler & Pressler 7 Entin Road Parsippany, NJ 07054-9944							24,928.41
ACCOUNT NO.			health care				
North Medical PC PO Box 4868 Syracuse, NY 13221							29.50
ACCOUNT NO.			health care				
Onondaga Hill Emergency Room PO Box 1107 Clifton Park, NY 12065							240.00
ACCOUNT NO.			health care				
Pathology Outreach Clear Path Diagnostics 600 E Genesee St Syracuse, NY 13202				:		:	12.00
ACCOUNT NO.			stenography class				
Penn Foster 925 Oak Street Scranton, PA 18515							2,241.00
Sheet no. Jof J continuation sheets atta to Schedule of Creditors Holding Unsecur Nonpriority Claims	ached ed				Sub	ototal➤	\$ 49,950.41
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							\$

In re Sabater, Yvonne and Sosa, Steve	 ,	Case No.	
Debtor		(if known)	_

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			health care				
Prospect Hill Radiology Group 4567 Crossroads Park Drive Liverpool, NY 13088-0825							12.00
ACCOUNT NO.			assigned from Mystery Book Club				-
RJM Acquisitions, LLC 575 Underhill Blvd Ste 224 Syossett, NY 11791-3416							82.07
ACCOUNT NO.							
RMS PO Box 523 Richfield, OH 44286							
ACCOUNT NO.			merchandisc				
Reader's Digest PO Box 7825 Red Oak, IA 51591-0825							100.00
ACCOUNT NO.			medical care				
St Josephs HHC 301 Prospect Avenue Syracuse, NY 13203-1898							50.00
Sheet no. 9 of 12 continuation sheets atta to Schedule of Creditors Holding Unsecur Nonpriority Claims	ached ed	·		1	Sub	ototal➤	\$ 244.07
Total (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)						s	

In re	Sabater, Yvonne and Sosa, Steve	,	Case No.	
_	Debtor		(if known)	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			benefit overpayment				
Social Security Administration 6401 Security Blvd Baltimore, MD 21235							15,329.00
ACCOUNT NO.							
Social Security Administration Federal Bldg, 4th Floor PO Box 7247 Syracuse, NY 13261-7247					:		
ACCOUNT NO.			notice only				
Solomon & Solomon Columbia Circle, Box 15019 Albany, NY 12212-5019							
ACCOUNT NO.			cell phone service				
Sprint KSOPHT0101-z4300 6391 Sprint Parkway Overland Park, KS 66251-4300							750.00
ACCOUNT NO.							
Syracuse Assoc of UNY 5700 W Genesce St Ste 201N Camillus, NY 13031							1,200.00
Sheet no. O of Continuation sheets at to Schedule of Creditors Holding Unsecu Nonpriority Claims	ached red	1		1	Sul	ototal≻	\$ 17,279.00
Total (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)						\$	

In re	Sabater, Yvonne and Sosa, Steve	,	Case No.	
	Debtor	···	(if known)	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Syracuse Federal Credit Union PO Box 6209 Syracuse, NY 13217-6209			Personal Loans and Account Overdraft 100-01 (790.39); 100-29 (278.19) 100-99 (130.74)				1,199.32
ACCOUNT NO. Syracuse Orthopedic Specialist 5719 Widewaters Parkway Syracuse, NY 13209	-		health care				159.32
ACCOUNT NO. T-Mobile Bankruptcy Team PO Box 53410 Bellevuc, WA 98015			cell phone service				642.98
ACCOUNT NO. Time Warner Cable 6005 Fair Lakes Road East Syracuse, NY 13057			cable and/or internet service				298.00
ACCOUNT NO. USCB Corp PO Box 75 Archbald, PA 18403			notice only				
Sheet no. 11 of 17 continuation sheets atte to Schedule of Creditors Holding Unsecur Nonpriority Claims	ached ed	I			Sub	total➤	\$ 2,299.62
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							\$

In re	Sabater, Yvonne and Sosa, Steve	,	Case No.	
_	Debtor		(if known)	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. United Consumer Finance, Inc 150 W Grove St Middleboro, MA 02346-1483			merchandise				854.87
ACCOUNT NO.			cell phone service				
Verizon Wireless Bankruptcy Administration PO Box 3397 Bloomington, IL 61702							454.62
ACCOUNT NO.			trash removal				
Waste Management, Inc 1001 Fannin Ste 4000 Houston, TX 770002							65.37
ACCOUNT NO.		<u> </u>	cable tv and/or internet service				
Time Warner Cable 6005 Fair Lakes Rd East Syracuse, NY 13057							298.00
ACCOUNT NO.			notice only				
USCB Corp PO Box 75 Archbald, PA 18403							
Sheet no. Pof Continuation sheets att. to Schedule of Creditors Holding Unsecur Nonpriority Claims	ached ed	1	1		Sut	ototal➤	\$ 1672.86
Total (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)					\$ 89,804		

B6G (Official Form 6G) (12/07)			
In re Sabater, Yvonne and Sosa, Steve	······································	Case No.	
Debtor		(if known)	

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

 \square Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
	4478-1747

R6H	(Official F	orm 6H	(12/07)

In re	Sabater, Yvonne and Sosa, Steve	Case No	
	Debtor	(if	known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or ne

NAME AND ADDRESS OF CREDITOR

B6I (Official Form 6I) (12/07)	B6I	(Official	Form	6I)	(12/07)
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In re	Sabater, Yvonne and Sosa, Steve	•	Case No		
	Debtor		•	(if known)	

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital	DEPENDEN	D SPOUSE	
Status: Married	RELATIONSHIP(S): Daughter		AGE(S): 20
Employment:	DEBTOR		SPOUSE
Occupation	Human Services Supervisor		
Name of Employer	State of New York		
How long employed	d		
Address of Employ	er		
NCOME: (Estimate	of average or projected monthly income at time	DEBTOR	SPOUSE
	•	\$ 3880	\$
	ges, salary, and commissions		œ.
(Prorate if not pa		\$_500	\$
. Estimate monthly	overtime		
. SUBTOTAL		\$_4380	\$
. LESS PAYROLL		• • • • •	0
a. Payroll taxes a	nd social security	\$ 970 \$ 320	\$ \$
b. Insurance		\$ 520 \$ 50	\$ \$
c. Union dues): Retirement(45); Retirement Loans(342)	\$ 387	\$
d. Other (Specify)		
. SUBTOTAL OF I	PAYROLL DEDUCTIONS	\$_1727	\$
. TOTAL NET MC	NTHLY TAKE HOME PAY	\$_2653	\$
. Regular income fi	rom operation of business or profession or farm	\$	\$
(Attach detailed	statement)	\$	\$
. Income from real		\$	•
). Interest and divide	ends enance or support payments payable to the debtor for		<u> </u>
the debtor's u	se or that of dependents listed above	\$	\$
Social security of the se	or government assistance		
(Specify): Socia	Security Disability benefits	\$	\$ <u>555</u>
2. Pension or retire	ement income	\$	\$
3. Other monthly in	ncome	\$	\$ 432
(Specify): Wo	rkers Compensation benefits	Ψ	φ_1-2-2
4. SUBTOTAL OF	F LINES 7 THROUGH 13	\$_2653	<u>\$ 987</u>
5. AVERAGE MC	ONTHLY INCOME (Add amounts on lines 6 and 14)	\$ 2653	\$ <u>987</u>
6 COMBINED A	VERAGE MONTHLY INCOME: (Combine column	\$ <u>364</u>	
otals from line 15)		(Report also on Summon Statistical Summa	mary of Schedules and, if applicable, ary of Certain Liabilities and Related Data
17. Describe any inc	crease or decrease in income reasonably anticipated to	occur within the year	r following the filing of this document:

In re	Sabater, Yvonne and Sosa, Steve	 Case No.	
	Debtor	(if known)	

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditu	res labeled "Spouse."
1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 772
a. Are real estate taxes included? Yes No	
b. Is property insurance included? Yes No	
2. Utilities: a. Electricity and heating fuel	§ 225
b. Water and sewer	\$ 35
c. Telephone	§ 165
d. Other Cable, Internet	\$ 145
3. Home maintenance (repairs and upkeep)	\$ 125
4. Food	\$ 433
5. Clothing	\$ 200
6. Laundry and dry cleaning	\$
7. Medical and dental expenses	\$ _217
8. Transportation (not including car payments)	\$ _ 325
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$
10.Charitable contributions	<u>\$</u> _87
11.Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$
b. Life	\$
c. Health	\$
d. Auto	\$ <u>225</u>
e. Other	\$
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify)	\$
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$
b. Other	\$
c. Other	\$
14. Alimony, maintenance, and support paid to others	\$
15. Payments for support of additional dependents not living at your home	\$
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
17. Other Car Payments(596); Pet Expenses(60)	\$ _656
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$_3610
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:	
NONE ANTICIPATED	
20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$_3640
b. Average monthly expenses from Line 18 above	§ 3610
c. Monthly net income (a. minus b.)	\$ 30

In re	Sabater, Yvonne and Sosa, Steve	, Case No).
	Debtor		(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the	he foregoing summary and schedules, consisting of sheets, and that they are true and correct to the best of
my knowledge, information, and belief. Date	Signature: Control Control Debtyr
Date	Signature: X (Joint Debtor, if any)
([If joint case, both spouses must sign.]
DECLARATION AND SIGNATU	URE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)
the debtor with a copy of this document and the notices and promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum.	ptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided dinformation required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been mum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum tor or accepting any fee from the debtor, as required by that section.
Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer	Social Security No. (Required by 11 U.S.C. § 110.)
If the bankruptcy petition preparer is not an individual, sta who signs this document.	tte the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner
Address	
X	Date
	s who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:
A bankruptcy petition preparer's failure to comply with the prov 18 U.S.C. § 156.	visions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110-
DECLARATION UNDER PENA	ALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP
partnership of the	the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have of sheets (<i>Total shown on summary page plus 1</i>), and that they are true and correct to the best of my
Date	Signature:
	[Print or type name of individual signing on behalf of debtor.]
	prporation must indicate position or relationship to debtor.]
Penalty for making a false statement or concealing pro	operty: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.